This portion MUST returned with	PROJECT NAME		PROJECT ID
ACCOUNT BILLED			S470035
LEXCO INC		Change of Ac	ddress
DUE DATE ANNUAL FEE \$ 100 \$ 100  TAX ID OR SOCIAL SECURITY #	Permittee requests an inspection to close out this permit.	Contact RECI	EIVED
DIVISION OF OIL GAS AND MININ 1594 WEST NORTH TEMPLE SUI PO BOX 145801	TE 1210	OIL GAS State Zip Phone	AND MINING

Please make check payable to:
Division of Oil, Gas and Mining